DATE : 10/3/0	n/7 Paper N
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TO SPE OF : ART UNIT	5/
SUBJECT : Request for Certificate	e of Correction on Patent No.: <u>6927/97</u>
A response is requested with respec	t to the accompanying request for a certificate of correct
Please complete this form and ret	
Palm location 7580, Certificates	of Correction Branch – South Tower – 9A22
MADRAS.	to employee (named below) via PUBSCofC Team
With respect to the change(s) reques	sted, correcting Office and/or Applicant's errors, should to
should the scope or meaning of the claim	e of correction (COCIN)? No new matter should be introduced be changed.
	Valerie Jackson
Thank You For Your Assistance	Contigue
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	Certificates of Correction Brain Tel. No. 703-308-9390 exi
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The request for issuing the above Note your decision on the appropriate box. Approved	Tel. No. 703-308-9390 ex
Note your decision on the appropriate box.	Tel. No. 703-308-9390 extension relation (s) is hereby:
Approved	Tel. No. 703-308-9390 extended correction(s) is hereby: All changes apply.
☐ Approved ☐ Approved in Part	Tel. No. 703-308-9390 extered to re-identified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
☐ Approved ☐ Approved in Part ☐ Denied	Tel. No. 703-308-9390 extered to re-identified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
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